

ROLE OF AYURVEDA CHIKITSA TO IMPROVE NUTRITION IN DIABETES MELLITUS TYPE 2 (PRAMEHA)

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TITLE

ROLE OF AYURVEDA CHIKITSA TO IMPROVE NUTRITION IN PATIENTS OF DIABETES MELLITUS TYPE 2 (PRAMEHA)

Abstract

Prameha, often referred to as a silent killer, requires prompt treatment to prevent the onset of complications. It is primarily classified as a Tridosha-dominant disorder, with Avrutta Vata and Bahudrava Shlesma being key issues. This condition is a subtype of Vataja Prameha. Diabetes Mellitus is a chronic metabolic illness with a complex range of causes that is widespread globally. However, in recent years, the rate of Diabetes has increased, particularly concerning in developed nations. It is a significant cause of morbidity and mortality across the globe. The worldwide prevalence of Diabetes among adults over 18 years has escalated from 4.7% in 1980 to 8.5% in 2014. In India, the incidence of Diabetes Mellitus exhibits notably higher vulnerability, raising considerable concern. It is currently reported that the prevalence of Diabetes in India is about 13-15%, and it is projected that by 2025, roughly 55 million Indians will be diabetic. **Aim:** To study the role of *Ayurvedic chikitsa* to improve nutrition of *dhatu* in diabetics.

Materials & Methods: Two groups were taken for study sthool balwan patients and krusha durbala patients. Sthool balwan patients were treated with Gudmar churna, Asan churna, Arogyavardhini rasa, Chandraprabha vati while Krusha-durbal patients were treated with Vasantkusumakar rasa, Sheelajatu. Amalki + Lodhra + Haridra + Daruharidra- this combination is given invariably to all the patients to improve Dhatvagni. Duration of study was 3 months. **Results:** After 3 months, a significant improvement was noted in sthool balwan patients Average reductions - in weight is 4-5kg, in FBS is 29-30mg/dl and in PPBS is 52-53mg/dl. Also In krush-durbal patients average improvement -in weight gain is 2-3kg, Average reductions- in FBS is 28-29mg/dl and in PPBS is 54-55mg/dl. **Discussion:** This Article is a discussion about a study of Diabetic mellitus successfully treated with Ayurvedic approach. **Conclusion:** The current study demonstrated the effectiveness of 3 months Ayurvedic treatment for prameha, which included both sthool balwan 15 patients and krusha durbala 15 patients. Hence, it was concluded that Ayurvedic management gives relief in madhumeha.

Keywords: Prameha, avrutta vata, dhatvagni, sthool balwan, krush durbala

INTRODUCTION

Ayurveda utilizes a three-pronged approach to manage all ailments. A unique aspect of chikitsa is the dietary measures tailored to specific diseases. The prameha resulting from apathyasevan can be related to NIDDM (type 2 diabetes), which is the most common non-communicable disease in contemporary society. This paper seeks to highlight the significance of Dhatwagni vardhak chikitsa, which enhances the nutrition of Dhatus. The unprocessed Dhatuposhakansh transforms into Aama, obstructing channels, particularly Medodhatu. An excess of Bahudrava Shleshma in prameha leads to agnimandya, resulting in the malnutrition of dhatus, which causes dhatushaithilyata as a consequence of prameha. Therefore, dhatwagni vardhak chikitsa improves the nutrition of dhatu and disrupts the progression of prameha. Prameha is examined under the disorder of mutravaha strotas. The severe condition of diabetes can be managed by focusing thoroughly on dhatuposhan. Dhatwagni pradipan chikitsa can effectively manage diabetes by working to prevent prolonged hyperglycaemia. To lower the risk of atherosclerosis, it is important to reduce blood lipids, sustain an optimal body weight, and

avoid hyperinsulinemia. Dhatuposhan chikitsa is particularly effective for early-detected cases of NIDDM patients.

AIM

To study the role of *Ayurvedic chikitsa* to improve nutrition of *dhatu* in diabetics {prameha rugna}.

OBJECTIVE

To Study *dhatuposhan* in *Prameha* by *dhatwagni pradipan chikitsa* and its role in *Prameha vyadhi* in detail according to ayurvedic texts.

MATERIAL & METHODS

Total no. of patients- 30 (15 sthool-balwan & 15 krush-durbal)

Duration of study- 3 months

Study type- Open uncontrolled random study

Centre of study- APM's Ayurveda Mahavidyalaya & Seth R.V. Ayurved Hospital Sion, Mumbai

Patients with concomitant anti-diabetic (Allopathic) medication, whose blood glucose is not well under control. Their sugar level with present treatment was taken as baseline level.

INCLUSION CRITERIA

Patients of NIDDM satisfying subjective & objective criteria.

Age – Between 25 and 70 years

Sex- male and female

OBJECTIVE CRITERIA

Includes laboratory investigations like CBC, ESR, Urine for routine and microscopic examination

FBS>140mg/dl

PPBS>200mg/dl

EXCLUSION CRITERIA

Patients of IDDM (type-1 diabetes mellitus).

Patients below 25 and above 70 years of age.

Patients of uncontrolled hypertension, tuberculosis, carcinoma, and HIV

DRUG ADMINISTRATION

1. Sthool-balwan patient-

Gudmar churna 1gm +

Asan churna 1gm- BD (before meal)

Arogyavardhini rasa 2-2-2

Chandraprabha vati 3-0-3

2. Krusha-durbal patient-

Vasantkusumakar rasa 1-0-1

Sheelajatu 1gm TDS

Amalki + Lodhra + Haridra + Daruharidra- this combination is given invariably to all the patients to improve Dhatvagni, in the proportion of each 500mg for 3 times a day

Duration-3 months

The patients were provided a proper diet chart planned according to the classics and keeping glycemic index of the dietary substances and calorie requirement of the patients. Simultaneously they were asked to maintain a routine of 30 min walk in the morning and follow up was taken after 15 days.

OBSERVATION & RESULTS

The total 30 patients of NIDDM were registered-

15 patients were sthool-balwan

15 patients were krush-durbal.

patients get improved in their nourishment state with lower blood sugar level. In sthool-balwan patients -the nutrition of Dhatus gets improved with reduction in dhatumala Less production of apachit dhatu Average reductions - in weight is 4-5kg ,average reduction in infasting sugar level i.e. FBS is 29-30mg/dl also reduction in post prandial sugar level in PPBS is 52-53mg/dl

In krush-durbal patients -nutrition of Dhatus gets improved with reduction of kleda nirmiti Average improvement -in weight gain is 2-3kg. Average reductions in fasting blood sugar level in FBS is 28-29mg/dl and in reduction in post prandial sugar level in PPBS is 54-55mg/dl

Sthool- balwan Pt.

CHANGED PARAMETER	%
Weight loss	6.23
FBS reduction	17.68
PPBS reduction	21.86

Krush - durbal Pt.

CHANGED PARAMETER	%
Weight gain	5.13
FBS reduction	18.53
PPBS reduction	22.75

DISCUSSION

In the trial, there was a notable and statistically significant improvement in symptoms after three months. These regimens enhance dhatu nourishment through the stimulation of

dhatwagni, as there is dhatushaithilyata present in prameha, and they also improve glucose and lipid control in patients. For patients with excess body weight, gudmar churna, recognized as a sugar destroyer, was utilized, which helps manage sugar cravings and enhances insulin function. Asan churna boosts insulin sensitivity and helps regulate blood sugar levels. Chandraprabha vati demonstrated an anti-hyperglycemic effect and helped mitigate changes in the lipid profile, contributing to weight reduction as well. Arogyavardhini supports digestion and positively affects cholesterol levels. In underweight patients, vasantkusumakar was employed, which includes primarily ingredients that possess Madhurrasa, Guru-Snigdha guna, Shita virya, Madhurvipaka, Tridoshnashaka, Rasayana, and Vajikarana properties. These characteristics facilitate Dhatuposhana karma (providing nourishment to all tissues), making it beneficial in addressing Prameha. According to the Sushruta Samhita, it is stated that the management of Prameha should include drugs that have a bitter, pungent, or astringent taste, possess sara properties with a pungent vipaka, and exhibit hot potency with drying and cutting actions. The drug utilized in the study, Shilajatu, possesses these qualities and is also known to improve the consistency and quality of tissue elements, counteracting the shithilta that arises in the body due to Prameha. While its precise mechanism is not completely understood, it is suggested that Shilajit may have a direct impact on lipid profiles. The combination of Amalki + Lodhra + Haridra + Daruharidra is consistently administered to all diabetes patients. Amalki is significant for maintaining youthfulness and dhatuposhan. Lodhra is known for purifying the blood. Haridra and Daruharidra function as kledanashak. This indicates that the nutritional deficiencies associated with diabetes can be addressed through dhatuposhan, allowing patients to return to a normal, healthy life by adhering to such Ayurvedic treatment, along with dietary management and exercise.

CONCLUSION

Nutritional management and exercise can be used as a supportive/ accessory treatment in chronic NIDDM patients which requires a long term follow-up. Managing the serious condition of diabetes can be achieved by paying close attention to dhatuposhan. The treatment known as dhatwagni pradipan chikitsa can successfully handle diabetes by

aiming to prevent extended periods of hyperglycemia. To decrease the chances of atherosclerosis, it is essential to lower blood lipid levels, maintain a healthy body weight, and steer clear of hyperinsulinemia. Dhatuposhan chikitsa is especially effective for patients with non-insulin dependent diabetes mellitus (NIDDM) who have been diagnosed early.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Charak samhita of Acharya Agnivesha, Cakrapanidatta, Commentator, Published by Chaukhamba Sanskrit Sansthan, Varanasi, 2009 Sutrasthana & Chikitsasthan
2. API Textbook of Medicine 7th edition